



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
 BUREAU OF AVIATION & PORTS
 2800 BERLIN TURNPIKE, P.O. BOX 317546
 NEWINGTON, CONNECTICUT 06131-7546

CERTIFICATE OF WAIVER OR AUTHORIZATION APPLICATION

Instructions

Submit *two copies* of this application to the Bureau of Aviation and Ports.

Applicants requesting a Certificate of Waiver or Authorization for an **air meet** will complete all items and certification on this form and will attach a properly marked map or diagram of the operations area. This map or diagram must be to scale, and distances must be shown. It must include obstructions, race courses, grandstands, congested areas, parking areas, dead lines, police stations, ambulance, fire truck, crash-wagon, and control stations. Application for air meets should be submitted not less than thirty (30) days prior to the requested beginning date of the proposed operation.

Applicants requesting a Certificate of Waiver or Authorization for **other activities**, will complete items 1 through 7 only and the certification on the reverse side of this form, and attach a letter of permission signed by the owner of the property to be used

1. _____
 NAME (FIRST, MIDDLE INITIAL, LAST)

2. _____
 PERMANENT MAILING ADDRESS (*Street, City, State, Zip Code*)

TELEPHONE NUMBER (_____) _____

3. _____
 TO AUTHORIZE NONOBSERVANCE OF BUREAU OF AVIATION AND PORTS REGULATIONS (*Indicate sections which prohibit proposed operation*)

4. _____
 IN PERFORMANCE OF (*Describe proposed operation and purpose thereof in detail*)

5. _____
 AREA OF OPERATION

6. FOR THE PERIOD OF: _____ HOURS _____ DAYS _____ WEEKS _____ MONTHS _____
 ENDING (*Date* _____) BETWEEN THE HOURS OF _____

7. AIRCRAFT MAKE AND MODEL _____
 IDENTIFICATION MARK _____
 OWNER (*Name and Address*) _____

WHILE BEING FLOWN BY THE FOLLOWING PILOTS:

NAME	ADDRESS	CERTIFICATE NUMBER & RATING

8. THE AIR MEET WILL BE SPONSORED BY _____
9. ADDRESS _____
10. POLICING *(What provisions will be made for policing the meet?)*

11. EMERGENCY FACILITIES *(Check all that apply)*
 ___ PHYSICIAN ___ AMBULANC ___ EFIRE TRUCK ___ CRASH WAGON ___ OTHER*(Specify* _____
12. AIR TRAFFIC CONTROL *(Describe method of controlling traffic, including provision for arrival and departure of scheduled aircraft)*

13. SCHEDULE OF EVENTS *(Include arrival and departure of scheduled aircraft and other open port periods; unforeseen changes and revisions to be subject to approval of local inspector)*

HOUR	DATE	EVENT	PILOT RATING

(If sufficient space is not available, the entire schedule of events may be submitted on separate sheets, in the order and manner indicated above.)

14. NO FEE REQUIRED

The undersigned applicant accepts full responsibility for the strict observance of the terms of the Certificate of Waiver, and understands that the authorization contained in such certificate will be strictly limited to the above-detailed operations.

I CERTIFY that the foregoing statements are true:

_____ By _____
 (Date) (Signature of Applicant)

APPLICANTS - DO NOT WRITE BELOW THIS LINE

TOWN	DATE
ACTION: ___ APPROVED ___ DISAPPROVED	
SIGNATURE OF AUTHORIZED DOT REPRESENTATIVE:	

15. REMARKS: _____

